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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

District of

LEUUS, DISTRICT COUST Hastrict of oali

Division

Case No.

(to be filled in by the Clerk's Office)

JUDGE GWIN

KEULL RYJE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Coward She

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint.	Attach additional pages if
needed.	

Name	KEUN PAYLE
All other names by which	, é
you have been known:	197
ID Number	251-450
Current Institution	Cuyadoca Constry Sheerifs DEPARTMENT
Address	1215 (2)320
	Clevelass also 44113
	City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	
Name	Country Sail SHERRIFS DEPLIET
Job or Title (if known)	Cooperd Sail
Shield Number	
Employer	
Address	1215 W 3 RD
	clevelus ofio 4413
	Citv State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	
Job or Title (if known)	
Shield Number	
Employer	
Address	
	City State Ziv Code
	Individual capacity Official capacity

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		Defendant No. 3 Name			
		Job or Title (if known)			
		Shield Number			-
		Employer			<u> </u>
		Address			
			City	State	Zip Code
			Individual capacity	Official capacit	
		Defendant No. 4			
		Name			
	74	Job or Title (if known)			
	. "	Shield Number			
		Employer			
		Address			
		•	City	State	Zip Code
			Individual capacity	Official capacit	
п.	Basis	for Jurisdiction			
	immu Feder	r 42 U.S.C. § 1983, you may sue stat mities secured by the Constitution an cal Bureau of Narcotics, 403 U.S. 38 itutional rights.	d [federal laws]." Under Bive	ens v. Six Unknown N	amed Agents of
	Α.	Are you bringing suit against (chec	k all that apply):		
-		Federal officials (a Bivens cla	aim)		
		State or local officials (a § 19	983 claim)		
	В.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory]]." 42 U.S.C. § 1983. If you	are suing under section	n 1983, what
		Anabuabr IV, Ea	PUAL PROTECTION	OF LAWS	
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what consofficials?	only recover for the violation titutional right(s) do you clain	of certain constitution is/are being violated	nal rights. If you by federal

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Priso	oner Status
	Indic	ate whether you are a prisoner or other confined person as follows (check all that apply):
	×	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
ſV.	Stater	nent of Claim
	alleged further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
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	C.	What date and approximate time did the events giving rise to your claim(s) occur?
	D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
V.	Injurie	s ustained injuries related to the events alleged above, describe your injuries and state what medical
	treatme	nt, if any, you required and did or did not receive.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. I would like \$80,000.00 Dd(ARS. I would like

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	▼ Yes
	☐ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Collina Coulty Sylereits DEPARTMENT
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	☐ Yes
	№ No
	☐ Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	⊠ No
	Do not know
	If yes, which claim(s)?

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	☐ Yes
	⊠ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	☐ Yes
	No No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	2. What did you claim in your grievance?
	3. What was the result, if any?
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

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	F.	Ify	you did not file a grievance:
		1.	If there are any reasons why you did not file a grievance, state them here:
		2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.		ase set forth any additional information that is relevant to the exhaustion of your administrative nedies.
			ote: You may attach as exhibits to this complaint any documents related to the exhaustion of your ministrative remedies.)
III.	Previo	us La	wsuits
	the fili brough malicio	ng fee it an a ous, o	trikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, r fails to state a claim upon which relief may be granted, unless the prisoner is under imminent rious physical injury." 28 U.S.C. § 1915(g).
	To the	best o	of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	☐ Ye	s	
	⋈ No	,	
	If yes,	state '	which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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ro Se 14 (Rev.	12/16) Com	plaint for Violati	on of Civil Rights	(Prisoner)
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	ave you filed other lawsuits in state or federal court dealing with the same facts involved in this tion?			
] Yes			
×] No			
	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is one than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
1.	Parties to the previous lawsuit			
	Plaintiff(s)			
	Defendant(s)			
2.	Court (if federal court, name the district; if state court, name the county and State)			
3.	Docket or index number			
4.	Name of Judge assigned to your case			
5.	Approximate date of filing lawsuit			
6.	Is the case still pending?			
	Yes			
	□No			
	If no, give the approximate date of disposition.			
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			
	ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your orisonment?			

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		Yes			
	×) No			
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)				
	1.	Parties to the previous lawsuit			
		Plaintiff(s)			
		Defendant(s)			
	2.	Court (if federal court, name the district; if state court, name the county and State)			
	3.	Docket or index number			
	4.	Name of Judge assigned to your case			
·	5.	Approximate date of filing lawsuit			
	6.	Is the case still pending?			
		Yes			
		□ No			
		If no, give the approximate date of disposition			
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint; (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	e of signing: $7-10-20$				
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Herm Paryn Kevin Payne 0251450 Cuyahoga County 5h Cleveland	errifs Delari Olfio	теп+ 1215 we 44113 Zip Code	_{si} ard	
В.	For Attorneys					
•	Date of signing:					
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address					
	Telephone Number E-mail Address	City	State	Zip Code		